

AMENDED IN SENATE AUGUST 13, 2014  
AMENDED IN SENATE JUNE 11, 2014  
AMENDED IN ASSEMBLY MAY 23, 2014  
AMENDED IN ASSEMBLY APRIL 24, 2014  
AMENDED IN ASSEMBLY APRIL 9, 2014  
AMENDED IN ASSEMBLY MARCH 25, 2014  
CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

## **ASSEMBLY BILL**

**No. 1790**

---

**Introduced by Assembly Member Dickinson**

February 18, 2014

---

An act to amend Section 16125 of the Welfare and Institutions Code, relating to foster children.

### LEGISLATIVE COUNSEL'S DIGEST

AB 1790, as amended, Dickinson. Foster children: mental health services.

Existing law provides for the Adoption Assistance Program, administered by the State Department of Social Services, which provides for the payment by the department and counties of cash assistance to eligible families that adopt eligible children, and bases the amount of the payment on the needs of the child and the circumstances of the family. Under existing law, the department, county adoption agency, or licensed adoption agency is required, among other duties, to provide the prospective adoptive family with information on the availability of mental health services through the Medi-Cal program or other programs. Existing law provides that a foster child whose adoption has become

final and who is receiving or is eligible to receive Adoption Assistance Program assistance, including Medi-Cal, and whose foster care court supervision has been terminated, shall be provided medically necessary specialty mental health services by the local mental health plan in the county of residence of his or her adoptive parents, as specified.

This bill would require the State Department of Social Services to convene a stakeholder group to identify barriers to the provision of mental health services by mental health professionals with specialized clinical training in adoption or permanency issues to children receiving those medically necessary specialty mental health services. The bill would require the stakeholder group to make specific recommendations by ~~September 30, 2015~~, *January 31, 2016*, for voluntary measures to address those barriers, but would provide that those recommendations are not binding on any state or local government agency or private entity. The bill would require the stakeholder group to coordinate with, and endeavor not to duplicate, existing local, state, or national initiatives.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

- 1 SECTION 1. Section 16125 of the Welfare and Institutions
- 2 Code is amended to read:
- 3 16125. A foster child whose adoption has become final, who
- 4 is receiving or is eligible to receive Adoption Assistance Program
- 5 assistance, including Medi-Cal, and whose foster care court
- 6 supervision has been terminated, shall be provided medically
- 7 necessary specialty mental health services by the local mental
- 8 health plan in the county of residence of his or her adoptive parents,
- 9 pursuant to all of the following:
- 10 (a) The host county mental health plan shall be responsible for
- 11 submitting the treatment authorization request (TAR) to the mental
- 12 health plan in the county of origin.
- 13 (b) The requesting public or private service provider shall
- 14 prepare the TAR.
- 15 (c) The county of origin shall retain responsibility for
- 16 authorization and reauthorization of services utilizing an expedited
- 17 TAR process.
- 18 (d) (1) The State Department of Social Services shall convene
- 19 a stakeholder group to identify barriers to the provision of mental

1 health services by mental health professionals with specialized  
2 clinical training in adoption or permanency issues to children who  
3 are receiving services pursuant to this section. The stakeholder  
4 group shall include, but is not limited to, all of the following  
5 persons:

6 (A) Adoptive parents.

7 (B) Former foster youth.

8 (C) Representatives from the mental health and child welfare  
9 fields, including ~~an association~~ *associations* representing county  
10 mental health ~~departments~~ *departments and private organizations*  
11 *providing specialty mental health services*.

12 (D) Representatives from mental health and social work graduate  
13 degree-granting postsecondary education institutions.

14 (E) Representatives from relevant state and local agencies.

15 (2) The stakeholder group shall, on or before ~~September 30,~~  
16 ~~2015,~~ *January 31, 2016*, make specific recommendations for  
17 voluntary measures available to state and local government  
18 agencies and private entities, as appropriate, to address those  
19 barriers. The department shall collect existing research and  
20 professional literature pertinent to the need for specialized clinical  
21 training in adoption and permanency issues, and shall distribute  
22 the information to the stakeholder group for consideration and use  
23 in making its recommendations. The stakeholder group shall  
24 coordinate with, and endeavor not to duplicate, existing local, state,  
25 or national initiatives.

26 (3) A recommendation made pursuant to paragraph (2) shall  
27 not be construed to be binding on any state or local government  
28 agency or private entity.